January 17, 2013

Re: Illinois' Medicaid 1115 Waiver comments

To whom it may concern,

My comments will primarily focus on three pathways of the draft waiver application. They are:

- Pathway #2: Delivery System Transformation
  - #2A: Implement and Expand Innovative Managed Care Models
- Pathway #3: Build Capacity of the Health Care System for Population Health Management
  - #3A: Wellness Strategies
- Pathway #4: 21st Century Health Care Workforce
  - #4C: Other Workforce Training

Here at Alivio Medical Center, a federally-qualified health center, we have employed Community Health Workers (CHWs) for the last ten years. According to the American Public Health Association, CHWs are:

> "frontline public health workers who are trusted members of and/or have an unusually close understanding of the community served. This trusting relationship enables the CHW to serve as a liaison/link/intermediary between health/social services and the community to facilitate access to services and improve the quality and cultural competence of service delivery. A CHW also builds individual and community capacity by increasing health knowledge and self-sufficiency through a range of activities such as outreach, community education, informal counseling, social support and advocacy."

In addition, CHWs:

- Provide social and emotional support that complements health care services;
- Educate providers about community's needs and cultural relevancy of interventions (cultural competency);
- Build relationships based on trust rather than expertise;
- Serve as "bridges" between community members and health care services; and
- Assist in navigating not just the healthcare system but the larger community and other supportive systems.

Alivio Medical Center supports expansion of innovative managed care models **(Pathway #2A).** For the last two years, Alivio has been making progress in transforming into a Patient-Centered Medical Home as defined by the National Committee for Quality Assurance (NCQA). NCQA Patient-Centered Medical Home (PCMH) Recognition is the most widely-used way to transform primary care practices into medical

homes. The PCMH is a way of organizing primary care that emphasizes care coordination and communication to transform primary care into "what patients want it to be." Medical homes can lead to higher quality and lower costs, and can improve patients' and providers' experience of care.

Our plans toward PCMH transformation have always included a vital role for CHWs as part of a larger multi-disciplinary team of individuals, especially as it pertains to working with patients with chronic conditions, more specifically with our Type 2 diabetes patients.

We must recognize that most management of chronic disease takes place outside the clinic, not within it, and that the role of the patient is central to disease management. Over the past 30 years, working with patients to improve disease self-management – teaching, preparing, and supporting patients in their role of managing their disease and maintaining their health– has become a central strategy in disease control and improved health.

The American Diabetes and Dietetic Associations and the American Association of Diabetes Educators have identified a great need for ongoing Diabetes Self-Management Support to "…assist the individual … to implement and sustain the ongoing behaviors needed to manage their illness" as a necessary addition to Self-Management Education **(Pathway #3A)**. Social and peer support are important strategies in Self-Management Support. Part of this support is looking at the patient beyond their diabetes and understanding them as a whole person and the ability to not just identify but also address the psychosocial and economic factors in their lives that pose barriers to effective diabetes self-management. Our CHWs here at Alivio encourage and refer our patients to a broad array of community resources that include but not limited to: affordable/interim housing, after-school programs, child care, energy assistance, legal/immigration, mental health services, food pantries, government benefits, and services for senior citizens and domestic violence.

Successful programs to eliminate diabetes disparities are built on strengthening the links between health care providers and the community members they serve. Diabetes prevention and self-care are less dependent on "high tech" and more on "high talk" efforts that provide social support, outreach, consistent follow-up, preventive care, community and family education, and community mobilization.

CHWs can and do provide essential peer support, which contributes to improved health, health care, and prevention. If individuals spend an aggregate six hours a year with professionals and clinicians, that leaves 8,760 hours a year that they are "on their own" to manage their health. It is for those 8,760 hours a year that patient education, self-management programs, community resources, and peer support can be especially helpful.

We appreciate the possibility the waiver brings of investments to training and preparing CHWs **(Pathway #4C)** to work on primary care provider teams to assure that overall health improvement goals are achieved. The Concept Paper notes that workforce training will be implemented in cooperation with community colleges and certification programs. We can not stress enough that the effectiveness of CHWs in improving health outcomes is due in large part to the trust patients have in them. This trust comes from the CHWs' ability to relate to patients on a personal level. This is because they come from similar backgrounds, they speak the same language, belong to the same racial/ethnic group and many times live in the same communities. CHWs are, by definition, indigenous to the communities they serve. With that said, many CHWs do not speak English as their first language and do not have strong English proficiency. Therefore, we are concerned that attending and succeeding in a certification program housed within community colleges will be out of reach for many CHWs. They may need to travel long distances to reach the community colleges and might struggle to succeed in classes taught only in English. We recommend that if Illinois requires certification of CHWs that the training involved for certification be available in the primary language of prospective CHWs. In addition, the training should

be available in the communities CHWs serve at community-based organizations/institutions that already train CHWs to be effective in their roles. Sites already engaged in this training should have the opportunities to be certified to continue this work. The state should also allow such organizations to obtain accreditation for their existing training programs, should these meet state requirements.

In conclusion, Alivio Medical Center supports the Patient-Centered Medical Home model of care which includes integration of Community Health Workers into coordinated, multidisciplinary care teams focused on care coordination, care management, wellness and prevention strategies. Alivio also supports a system that reimburses this innovative model of care.

Respectively submitted by

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